

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Citizens for Prosperity and Good Government		FEC IDENTIFICATION NUMBER ▼ C C00509075	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee California Telephone Advertising		Date M M / D D / Y Y Y Y Y Y Y Y 10 / 30 / 2012	
Mailing Address 21851 Newland Sreet Suite 179		Amount 2763.75	
City Huntington Beach	State CA	Zip Code 92646	Transaction ID : SE.4213
Purpose of Expenditure Recorded phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Brad Sherman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44763.75		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee California Telephone Advertising		Date M M / D D / Y Y Y Y Y Y Y Y 11 / 05 / 2012	
Mailing Address 21851 Newland Sreet Suite 179		Amount 2763.75	
City Huntington Beach	State CA	Zip Code 92646	Transaction ID : SE.4215
Purpose of Expenditure Recorded phone calls	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 30 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Brad Sherman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45202.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		5527.50	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Steven Kamp</u>		Date M M / D D / Y Y Y Y Y Y Y Y 11 / 05 / 2012	
[Electronically Filed]			

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NAME OF COMMITTEE (In Full) Citizens for Prosperity and Good Government		FEC IDENTIFICATION NUMBER ▼ C C00509075	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y			
Full Name (Last, First, Middle Initial) of Payee Political Data, Inc.		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012	
Mailing Address PO Box 59570		Amount 439.07	
City Norwalk	State CA	Zip Code 90652	Transaction ID : SE.4214
Purpose of Expenditure Telephone list for recorded phone calls		Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30
Name of Federal Candidate Supported or Opposed by Expenditure: Brad Sherman		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45202.82		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee		Date M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		439.07	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....		5966.57	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Steven Kamp</i>		Date M M / D D / Y Y Y Y Y Y 11 / 05 / 2012	
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